City of West St. Paul

Community Development Department - Phone: 651-552-4116 - FAX: 651-552-4190 1616 Humboldt Ave - West St Paul MN 551118

Building Permit Application

Permit Number: BLDG2017			Application Date:		
Project Address:					
WORK PROPOSED:					
O New	O Alteration	ation O Dem		O Roof/Siding	
O Addition	O Deck	O Garage		O Window	
O Other					
PROPERTY TYPE:					
O Single Family Residential			O Apartment Complex		
O Multi-Family Residential (2-4 units)			O Commercial		
SITE/OWNER					
Name:					
Address:					
Phone:			E-Mail:		
ARCHITECT/ENGINEER					
Company Name:					
Address:					
Phone:			E-Mail:		
CONTRACTOR					
Company Name:					
Address:					
Phone:			E-Mail:		
State License #:			Contact Name:		
Signature:				Date:	
OFFICE USE ONLY					
O Homeowner Affidavit Received			O Contractor Information Verified with MN DOLI		
PROJECT INFORMATION					
Project Valuation:	Project Descriptio	n:			
FEES					
Permit I	ee*	\$		*Permit Fee is based valuation as per the 1997 UBC	
Plan Review		\$		Permit Fee Schedule	
State Surcharge**		\$			
SAC Fee		\$		**State Surcharge is .0005 x project value with no	
License Verification Fee		\$		minimum. Consult fee schedule to calculate surcharge for projects valueing over \$1,000,000.00	
Investigation Fee		\$			
Other		-			
	er	\$			